

# **ADMINISTRATIVE RULES OF MONTANA**

## **DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES CHAPTER 104**

### **EMERGENCY MEDICAL SERVICES**

#### **Subchapter 1 General Provisions**

- 37.104.101 Definitions
- 37.104.105 License Types and Levels
- 37.104.106 License Application Requirements
- 37.104.107 Waivers
- 37.104.115 Appeal From Order
- 37.104.120 Advisory Committee

#### **Subchapter 2 Licensing of Ambulance Service**

- 37.104.201 Communications
- 37.104.202 Safety: General Requirements
- 37.104.203 Equipment
- 37.104.208 Sanitation
- 37.104.212 Records and Reports
- 37.104.213 Personnel Requirements: General
- 37.104.218 Medical Control: General
- 37.104.219 Medical Control: EMT-Defibrillation
- 37.104.220 Medical Control: EMT-Intermediate
- 37.104.221 Medical Control: Advanced Life Support

#### **Subchapter 3 Specific Ambulance Licensure Requirements**

- 37.104.301 Ambulance Permits
- 37.104.305 Ambulance Specifications: General
- 37.104.306 Ambulance Specifications: Ground Ambulances
- 37.104.307 Ambulance Specifications: Air Ambulance
- 37.104.311 Safety: Ground Ambulance Services
- 37.104.312 Safety: Air Ambulance
- 37.104.316 Personnel: Basic Life Support Ground Ambulance Service
- 37.104.317 Personnel: EMT-Defibrillation Ground Ambulance Service
- 37.104.318 Personnel: EMT-Intermediate Ground Ambulance Service
- 37.104.319 Personnel: Advanced Life Support Ground Ambulance Service
- 37.104.325 Personnel: Air Ambulance, General
- 37.104.326 Personnel: Basic Life Support Air Ambulance Service
- 37.104.327 Personnel: EMT-Defibrillation Life Support Air Ambulance Service
- 37.104.328 Personnel: EMT-Intermediate Life Support Air Ambulance Service
- 37.104.329 Personnel: Advanced Life Support Air Ambulance Service

- 37.104.335 Other Requirements: Ambulance Services  
37.104.336 Other Requirements: Air Ambulance Service

#### **Subchapter 4**

#### **Specific Non-Transporting Services License Requirements**

- 37.104.401 Personnel: Basic Life Support Non-Transporting Unit  
37.104.402 Personnel: EMT-Defibrillation Life Support Non-Transporting Unit  
37.104.403 Personnel: EMT-Intermediate Life Support Non-Transporting Unit  
37.104.404 Personnel: Advanced Life Support Non-Transporting Unit  
37.104.410 Other Requirements: Non-Transporting Services

#### **Subchapter 1 General Provisions**

**37.104.101 DEFINITIONS** The following definitions apply in subchapters 1 through 4:

- (1) "Advanced life support service" means an emergency medical service which has the capacity to provide care at the EMT-paramedic equivalent level.
- (2) "Advanced life support (ALS) kit" means all of the following equipment and supplies:
- (a) an EMT-intermediate kit, with the exception that the monitor/defibrillator must have a self contained monitor, ECG strip writer, and quick look paddles;
  - (b) five each of three assorted sizes of needles;
  - (c) two each of three assorted sizes of syringes;
  - (d) medications consistent with the level of service and as identified in protocols.
- (3) "Advisory committee" means the department advisory committee specified in 50-6-324, MCA.
- (4) "Ambulance service" means an emergency medical service that utilizes an ambulance.
- (5) "Automated external defibrillator" means a medical device heart monitor and defibrillator, with an event recorder, that is approved by the department and that:
- (a) is capable of recognizing the presence or absence of ventricular fibrillation and rapid ventricular tachycardia and of determining whether defibrillation should be performed; and
  - (b) whenever it determines that defibrillation should be performed, charges and delivers an electrical impulse at the command of the operator.
- (6) "Basic equipment kit" means all of the following equipment and supplies:
- (a) two air occlusive dressings;
  - (b) one blood pressure manometer with adult, extra large adult, and pediatric cuffs;
  - (c) one stethoscope;
  - (d) five dressings (assorted);
  - (e) two pairs of exam gloves;
  - (f) one pair of safety glasses to provide splash protection for the emergency care provider;

- (g) one surgical mask;
- (h) one oral glucose;
- (i) one flashlight;
- (j) four soft roller bandages;
- (k) four rolls of adhesive tape of assorted sizes;
- (l) four triangular bandages;
- (m) four oropharyngeal airways of assorted child and adult sizes;
- (n) one mouth to mask resuscitator with one-way valve, oxygen inlet and oxygen connecting tubing;
- (o) one bulb syringe or equivalent suction apparatus;
- (p) one portable oxygen system containing at least 200 liters of oxygen and with regulator and flowmeter;
- (q) one adult and one pediatric oxygen mask;
- (r) one nasal oxygen cannula;
- (s) one pair of scissors;
- (t) one pair of heavy leather gloves;
- (u) one helmet for personnel that is capable of protection from head injury;
- (v) paper and pen or pencil.

(7) "Basic life support service" means an emergency medical service capable of providing care at the basic life support level.

(8) "Defibrillator with dual channel recording capabilities" means a device, approved by the department, capable of continuously recording the electrocardiogram and simultaneously recording the events at the scene, and shall be portable, self-contained, DC powered, and capable of defibrillation according to the defibrillation protocol, either manually, semi-automatically or automatically.

(9) "Defibrillation protocol" means a uniform protocol for an EMT-defibrillation equivalent or EMT-intermediate equivalent functioning within an emergency medical service, adopted by the Montana board of medical examiners for statewide use, specific to the type of defibrillator being used, and signed by the off-line medical director.

(10) "Emergency medical technician-basic (EMT-basic)" means an individual who is certified as an EMT-basic by the Montana board of medical examiners.

(11) "Emergency medical technician-basic (EMT-basic) equivalent" means:

- (a) from January 1, 1990, through December 31, 1992, one of the following:
  - (i) EMT-basic;
  - (ii) EMT-defibrillation;
  - (iii) EMT-intermediate;
  - (iv) EMT-paramedic;
  - (v) registered nurse;
- (b) from January 1, 1993, on, one of the following:
  - (i) EMT-basic;
  - (ii) EMT-defibrillation;
  - (iii) EMT-intermediate;
  - (iv) EMT-paramedic;
  - (v) grandfathered nurse;
  - (vi) registered nurse with supplemental training.

(12) "Emergency medical technician-defibrillation (EMT-defibrillation)" means a person certified as an emergency medical technician-defibrillation by the Montana board of medical examiners.

(13) "Emergency medical technician-defibrillation (EMT-defibrillation) equivalent" means:

- (a) from January 1, 1990, through December 31, 1992, one of the following:
  - (i) EMT-defibrillation;
  - (ii) EMT-intermediate;
  - (iii) EMT-paramedic;
  - (iv) registered nurse who has written authorization from the off-line medical director to perform defibrillation according to protocol;
- (b) after January 1, 1993, one of the following:
  - (i) EMT-basic who has successfully completed either an EMT-basic transition course approved by the department or an EMT-basic course following the United States department of transportation's 1994 national standard curriculum, which is adopted by reference as noted in (42) below;
  - (ii) EMT-defibrillation;
  - (iii) EMT-intermediate;
  - (iv) EMT-paramedic;
  - (v) grandfathered nurse;
  - (vi) registered nurse with supplemental training.

(14) "Emergency medical technician-intermediate (EMT-intermediate)" means a person certified as an emergency medical technician-intermediate by the Montana board of medical examiners.

(15) "Emergency medical technician-intermediate (EMT-intermediate) equivalent" means:

- (a) from January 1, 1990, through December 31, 1992, one of the following:
  - (i) EMT-intermediate;
  - (ii) EMT-paramedic;
  - (iii) registered nurse who has written authorization from the off-line medical director to perform at the EMT-intermediate level;
- (b) from January 1, 1993, on, one of the following:
  - (i) EMT-intermediate;
  - (ii) EMT-paramedic;
  - (iii) grandfathered nurse;
  - (iv) registered nurse with supplemental training.

(16) "Emergency medical technician-paramedic (EMT-paramedic)" means a person certified as an emergency medical technician-paramedic by the Montana board of medical examiners.

(17) "Emergency medical technician-paramedic (EMT-paramedic) equivalent" means:

- (a) from January 1, 1990, through December 31, 1992, one of the following:
  - (i) EMT-paramedic;
  - (ii) registered nurse who has written authorization from the off-line medical director to perform at the EMT-paramedic level;
- (b) from January 1, 1993, on, one of the following:
  - (i) EMT-paramedic;
  - (ii) grandfathered nurse;

(iii) registered nurse with supplemental training.

(18) "EMT-defibrillation life support service" means an emergency medical service capable of providing care at the EMT-defibrillation equivalent level.

(19) "EMT-D defibrillation kit" means the following equipment and supplies:

- (a) one defibrillator with dual channel recording capabilities or an automated external defibrillator;
- (b) electrodes sufficient for two patients; and
- (c) a patient cable.

20) "EMT-intermediate kit" means all of the following equipment and supplies:

- (a) a total of 1000 cc's of dextrose, 5% in water;
- (b) a total of 2000 cc's of lactated Ringers solution;
- (c) a total of 1000 cc's of normal saline IV solution;
- (d) one intravenous administration set, minidrip;
- (e) two intravenous administration sets, standard;
- (f) three each of four different gauge, catheter over the needle, sets;
- (g) two IV tourniquets;
- (h) one esophageal obturator airway;
- (i) one adult pneumatic anti-shock garment;
- (j) alcohol and betadine swabs;
- (k) two sets of four different sized endotracheal tubes;
- (l) one laryngoscope handle and two blades;
- (m) the EMT-D defibrillation kit.

(21) "EMT-intermediate life support service" means an emergency medical service which is capable of providing care at the EMT-intermediate equivalent level.

(22) "FAA" means the federal aviation administration.

(23) "First responder" means a person who has first responder status by virtue of complying with department guidelines for attaining such status.

(24) "First responder-ambulance" means a person who has first responder-ambulance status by virtue of complying with department guidelines for attaining such status.

(25) "Grandfathered advanced first aid" means:

- (a) from January 1, 1990, through December 31, 1992, a person certified in:
  - (i) American red cross advanced first aid and emergency care; and
  - (ii) cardiopulmonary resuscitation according to current American heart association standards; and
- (b) on or after January 1, 1993, a person:
  - (i) certified in American red cross advanced first aid and emergency care;
  - (ii) certified in cardiopulmonary resuscitation according to current American heart association standards; and
- (iii) who was continuously a member of a licensed emergency medical service from July 1, 1992, through December 31, 1992.

(26) "Grandfathered nurse" means a registered nurse who is continuously a member of a licensed emergency medical service from July 1, 1992, through December 31, 1992, and who may provide services up to a level equal to the highest level of service they provided during the period from July 1 through December 31, 1992.

(27) "Level of service" means either basic life support, EMT-defibrillation life support, EMT-intermediate life support, or advanced life support services.

(28) "Medical control" means the provision of direction, advice, and/or orders by a physician to personnel of an emergency medical service. Medical control includes:

- (a) "On-line medical control", which means the provision of medical direction, advice, and/or orders to emergency care providers while on a call and functioning with a licensed EMT-defibrillation, EMT-intermediate, or advanced life support service. On-line medical control is supervised by the off-line medical director.
- (b) "Off-line medical control", which means the provision of overall medical direction and advice to an emergency medical service.

(29) "Non-transporting medical unit" means an aggregate of persons who are organized to respond to a call for emergency medical services and to treat a patient until the arrival of an ambulance. A non-transporting medical unit:

- (a) consists of more than a single individual;
- (b) provides coverage and response, as a group, to a defined geographic area;
- (c) is organized, as a group, to provide a medical response to emergencies as one of its primary objectives;
- (d) is routinely dispatched to emergency medical calls; and
- (e) offers to provide a medical response to other organizations or the public.

30) "Off-line medical director" means a physician who:

- (a) is responsible and accountable for the overall medical direction and medical supervision of an emergency medical service at the EMT-defibrillation, EMT-intermediate, or advanced life support level;
- (b) is responsible for the proper application of patient care techniques and the quality of care provided by the emergency medical services personnel at the EMT-defibrillation, EMT-intermediate, or advanced life support level;
- (c) has been approved in writing by a local hospital medical staff and/or department of emergency medicine, if one exists, or, if there is no hospital in the community, by the medical staff and/or department of emergency medicine of a hospital in a nearby community to which patients are most commonly transported; and
- (d) approves all protocols for use by emergency medical services personnel functioning in an EMT-defibrillation, EMT-intermediate, or advanced life support service.

(31) "Permit" means the sticker affixed to a ground ambulance or a certificate placed in an air ambulance indicating the ambulance vehicle has met the requirements of these rules.

(32) "Protocol" means a set of written, standardized guidelines for administering patient care, at an EMT-intermediate or advanced life support level, and approved by the department and by the off-line medical director.

(33) "Provisional license" means an emergency medical service license which is granted by the department and is valid for a maximum of 90 days.

(34) "Safety and extrication equipment kit" means the following equipment and supplies:

- (a) a total of 5 pounds of ABC fire extinguisher, except for an extinguisher in an air ambulance, which must meet FAA standards;
- (b) one short immobilization device with patient securing materials;
- (c) three rigid cervical collars of assorted sizes;
- (d) one phillips screwdriver;
- (e) one straight blade screwdriver;
- (f) one spring loaded center punch;
- (g) one crescent wrench;
- (h) one pair pliers;
- (i) one hacksaw and blade.

(35) "Stipulations" mean those conditions specified by the department at the time of licensing which must be met by the applicant in order to be licensed as an emergency medical service.

(36) "Supplemental training" means a training program for registered nurses utilized by an emergency medical service which:

- (a) complements their existing education and results in knowledge and skill objectives comparable to the level of EMT training corresponding to the level at which the service is licensed; and
- (b) is certified by the emergency medical service's medical director as having knowledge and skill objectives comparable to the level of EMT training corresponding to the level at which the service is licensed.

(37) "Surrogate" means a registered nurse, licensed in Montana, who:

- (a) relays medical control orders consistent with the protocols established for a licensed EMT-intermediate life support service;
- (b) is capable of demonstrating all of the skills required for the EMT-intermediate level;
- (c) is approved by and is responsible to the off-line medical director.

(38) "Temporary permit" means a written authorization of limited duration indicating an ambulance vehicle may be used by a licensed ambulance service until a permit can be issued.

(39) "Temporary work permit" means a written authorization granted by the Montana board of medical examiners for a person who is eligible to take a Montana EMT certification exam to function as an EMT until the results of their examination are known.

(40) "Transportation equipment kit" means the following equipment and supplies:

- (a) one suction unit, either portable or permanently installed, which operates either electrically or by engine vacuum and includes all necessary operating accessories;
- (b) an oxygen supply administration system containing a minimum of 1000 liters of oxygen;
- (c) one sterile disposable humidifier;
- (d) one rigid pharyngeal suction tip;
- (e) one long spinal immobilization device with patient securing materials;
- (f) one lower extremity traction device;
- (g) two lower extremity rigid splints;
- (h) two upper extremity rigid splints;

- (i) one ambulance cot with at least two restraining straps and, with the exception of an air ambulance litter, four wheels and the capability of elevating the head; and
- (j) clean linen for the primary cot and for replacement.

(41) "Type of service" means either an air ambulance fixed wing, air ambulance-rotor wing, ambulance-ground, or nontransporting medical unit.

(42) The department hereby adopts and incorporates by reference the U.S. department of transportation's Emergency Medical Technician: Basic National Standard Curriculum (1994), developed pursuant to contract number DTNH22-90-C-05189, which contains a national standard training program for EMT-basics. A copy of the curriculum may be obtained from the Department of Public Health and Human Services, Health Policy Services Division, Emergency Medical Services and Injury Prevention Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951, telephone: (406)444-3895.

### **37.104.105 LICENSE TYPES AND LEVELS**

- (1) A license will be issued for, and authorize performance of, emergency medical services of a specific type and at a specific level.
- (2) Each type of service may be licensed at any level.

### **37.104.106 LICENSE APPLICATION REQUIREMENTS**

- (1) An application for a license to conduct an emergency medical service, including the renewal of a license, must be made on forms specified by the department, accompanied by the license fee, and, with the exceptions noted in (b) and (c) below, received by the department:
  - (a) not less than 30 days prior to the commencement of a new emergency medical service or the expiration of the license, in the case of an application for renewal;
  - (b) for licenses to commence January 1, 1990, by December 31, 1989; and
  - (c) in the case of non-transporting medical units, rotor wing air ambulance services, and fixed wing air ambulance services existing on January 1, 1990, by March 30, 1990.
- (2) Except for the period of January 1, 1990, to June 30, 1990, within 30 days from receipt of an emergency medical service license application or, if the department requests additional information about the application, within 30 days from receipt of that information, the department shall either:
  - (a) issue the license;
  - (b) issue the license with stipulations;
  - (c) issue a provisional license; or
  - (d) deny the license.
- (3) The department may deny an emergency medical services license if:
  - (a) the application does not provide all of the requested information; or
  - (b) there is evidence that the applicant is not complying with these rules.
- (4) Except for the period of January 1, 1990, through June 30, 1990, if the department does not take action on the application within 30 days after its receipt, the emergency medical services license must be issued unless the applicant is known to be in violation of these rules.



(5) Except for the year beginning January 1, 1990, the department shall inspect each emergency medical service prior to issuing a license. If an inspection cannot be conducted, the department may issue a provisional license until an inspection can be completed.

(6) To establish staggered terms of licensing:

- (a) Every emergency medical service that submits a completed license application to the department before or during 1990 will be assigned a number in the chronological order its application is received by the department, an odd-numbered service will receive a license expiring December 31, 1990, and an even-numbered service will receive a license expiring December 31, 1991;
- (b) When the department receives a completed license application for a new emergency medical service after December 31, 1990, it will assign that service a number in the manner described in (a) above, an odd-numbered service will be issued a license expiring December 31 of the year in which it was issued, and an even-numbered service will be issued a license expiring December 31 of the year following the year in which it was issued.
- (c) License renewals will be for 2-year periods, and will expire on December 31 of the 2nd year of the period.

(7) No person may:

- (a) advertise the provision of an emergency medical service without first having obtained a license from the department; or
- (b) advertise, allow advertisement of, or otherwise imply provision of emergency medical services at a level of care higher than that for which the service is licensed.

(8) If an emergency medical service from another state identifies Montana as part of its service area, and if it regularly provides an initial emergency medical services response into Montana, the emergency medical service must obtain a Montana emergency medical services license as provided by these rules, unless the other state's licensing standards are essentially comparable to those of Montana, in which case the department may license these services through a reciprocal agreement with the other state.

(9) An emergency medical service responding into Montana to transfer patients from a Montana medical facility to a non-Montana medical facility is not required to obtain a Montana license if it is licensed in its state of origin.

(10) If a licensed emergency medical service is not reasonably available, the occasional and infrequent transportation by other means is not prohibited.

(11) In a major catastrophe or major emergency when licensed ambulances are insufficient to render services required, non-licensed emergency medical services may be used.

### **37.104.107 WAIVERS**

(1) A request for a waiver of any licensing requirement, pursuant to 50-6-325, MCA, must be submitted to the department on a form specified by the department.

(2) An emergency medical service that is issued a waiver must notify the department of any change in the circumstances which originally justified the waiver.

### **37.104.115 APPEAL FROM ORDER**

- (1) An order issued by the department may be appealed to the department if the person named in the order submits a written request for a hearing before the department.
- (2) In order for the hearing request to be effective, the written request must be received by the department within 30 calendar days after the date a notice of violation and order is served upon the person requesting the hearing.

### **37.104.120 ADVISORY COMMITTEE**

- (1) An advisory committee will consist of a physician appointed by the department and one representative of each type and level of service licensed, selected from a group of individuals who have expressed an interest in serving on the committee and who have completed and returned the forms specified by the department, with adequate consideration to demographics and geographics.
- (2) Members of the committee shall serve 2 or 3 year terms with the initial terms of membership randomly assigned.
- (3) The committee may conduct its business by a meeting or, when appropriate, by a telephone conference call.

### **37.104.201 COMMUNICATIONS**

- (1) A ground ambulance must have a VHF mobile radio, and an air ambulance have a VHF portable radio with a minimum of frequency 155.280 mHz.
- (2) Effective January 1, 1996:
  - (a) a ground ambulance must have a VHF mobile radio, and an air ambulance must have a VHF portable radio, each with a minimum of the following:
    - (i) dual tone multi-frequency encoder;
    - (ii) frequency 155.280 mHz;
    - (iii) frequency 155.340 mHz;
    - (iv) frequency 155.325 mHz;
    - (v) frequency 155.385 mHz; and
    - (vi) frequency 153.905 mHz.
  - (b) a non-transporting unit must have the capability of providing at least one radio at every emergency medical scene with a minimum of the following:
    - (i) frequency 155.280 mHz;
    - (ii) frequency 155.340 mHz; and
    - (iii) frequency 153.905 mHz.
- (3) An emergency medical service must have current legal authorization to use each of the frequencies required above.

### **37.104.202 SAFETY: GENERAL REQUIREMENTS**

- (1) All ambulance vehicles and all emergency medical services equipment must be

maintained in a safe and operating condition.

(2) Each emergency medical service must establish written policies and procedures for, and maintain written documentation of, the preventive maintenance of ambulances and emergency medical equipment.

(3) All oxygen cylinders must be secured so that they will not roll, tip over, or become projectiles in the event of a sudden vehicular maneuver.

(4) Emergency medical services personnel must be alert and capable during an emergency response.

### **37.104.203 EQUIPMENT**

(1) A basic equipment kit must be in each ground ambulance and available to each non-transporting unit and air ambulance on every call.

(2) When table I below shows that a transportation equipment kit or safety and extrication kit is required, it must be physically in each ground ambulance at all times and available to each air ambulance on every call.

(3) Neither an EMT-D defibrillation kit, an EMT-intermediate kit, nor an advanced life support kit need be permanently stored on or in an ambulance or non-transporting unit, but may be kept separately in a modular, pre-packaged form, so long as it is available for rapid loading and easy access at the time of an emergency response.

(4) If table I below shows that an EMT-intermediate kit or an advanced life support kit is required, but the off-line medical director notifies the department in writing that an item of equipment or supplies in the relevant kit will not be used in the emergency medical service, that item will not be required for licensure and the service may not use that item when providing emergency care.

(5) Table I below shows the equipment kit which is required for licensure at each of the various types and levels of emergency medical services:

[basic=basic equipment kit; transport=transportation equipment kit; safety=safety and extrication kit; EMT-D=EMT-D defibrillation kit; EMT-I=EMT-intermediate kit; ALS=advance life support kit]

	basic	transport	safety	EMT-D	EMT-I	ALS
non-transport - basic	✓					
non-transport - defibrillation	✓			✓		
non-transport - intermediate	✓				✓	
non-transport - ALS	✓					✓
ambulance - basic	✓	✓	✓			
ambulance - defibrillation	✓	✓	✓	✓		

ambulance - intermediate	✓	✓	✓		✓	
ambulance - ALS	✓	✓	✓			✓
air (rotor) - basic	✓	✓	✓			
air (rotor) - defibrillation	✓	✓	✓	✓		
air (rotor) - intermediate	✓	✓	✓		✓	
air (rotor) - ALS	✓	✓	✓			✓
air (fixed wing) - basic	✓	✓				
air (fixed wing) - defibrillation	✓	✓		✓		
air (fixed wing) - intermediate	✓	✓			✓	
air (fix wing) - ALS	✓	✓				✓

### 37.104.208 SANITATION

(1) Each emergency medical service must develop and adhere to a written service sanitation policy that includes at least a method to dispose of contaminated materials meeting the minimum requirements set out in (2) below, as well as the following standards:

- (a) Products for cleaning shall contain a recognized, effective germicidal agent;
- (b) Disposable equipment must be disposed of after its use;
- (c) Any equipment that has come in contact with body fluids or secretions must be cleaned with a recognized germicidal/viricidal product;
- (d) Linen must be changed after every use;
- (e) Oxygen humidifiers must be single service and disposable; and
- (f) Needles must not be recapped, bent, or broken, and must be disposed of in a container that provides protection to personnel from a needle puncture.

(2) Each emergency medical service must do at least the following in disposing of infective waste:

- (a) Either incinerate the waste or decontaminate it before disposing of it in a sanitary landfill licensed for that class of waste by the department;
- (b) Place sharp items in puncture-proof containers and other blood-contaminated items in leak-proof plastic bags for transport to a landfill licensed by the department for that class of waste.

(3) The interior of an ambulance, including all storage areas, must be kept clean and free from dirt, grease and other off-fensive matter.

### 37.104.212 RECORDS AND REPORTS

(1) Each emergency medical service must maintain a trip report for every run in which patient care was offered or provided, which contains at least the following information:

- (a) identification of the emergency medical services provider;
- (b) date of the call;
- (c) patient's name and address;

- (d) type of run;
- (e) identification of all emergency medical services providers, riders, trainees, or service personnel officially responding to the call;
- (f) the time:
- (i) the dispatcher was notified;
- (ii) the emergency medical service was notified;
- (iii) the emergency medical service was enroute;
- (iv) of arrival on the scene;
- (v) the service departed the scene or turned over the patient to an ambulance service;
- (vi) of arrival at receiving hospital, if applicable;
- (g) history of the patient's illness or injury, including the findings of the physical examination;
- (h) treatment provided or offered by the emergency medical services personnel, including, when appropriate, a record of all medication administered, the dose, and the time administered;
- (i) record of the patient's vital signs, including the time taken, if applicable;
- (j) utilization of on-line medical control, if applicable;
- (k) destination of the patient, if applicable.

(2) Trip reports may be reviewed by the department.

(3) Copies of trip reports must be maintained by the service for a minimum of 7 years.

(4) Each emergency medical service must provide the department with a quarterly report, on a form provided by the department, that specifies the number and types of runs occurring during the quarter, the type of emergency, and the average response times.

(5) In addition to the requirements in (1)(a) through (i) above, any type of service functioning at the EMT-defibrillation level or the EMT-intermediate level must assure that their medical director reviews every run necessitating use of a defibrillator.

(6) As soon as practicable, an ambulance service must provide a copy of the trip report to the hospital that receives the patient.

### **37.104.213 PERSONNEL REQUIREMENTS: GENERAL**

- (1) Each emergency medical service must meet the following personnel standards:
  - (a) All personnel functioning on the emergency medical service must have current certificates, licenses, proof of training or evidence of legal authorization to function, or a temporary work permit for a given level of certification or licensure;
  - (b) All emergency medical personnel must provide care which conforms to the general standard of care expected of persons who are comparably trained, certified, or licensed;
  - (c) Emergency medical services personnel may use only that equipment and perform those skills for which they are trained, certified, or licensed and legally permitted to use;
  - (d) Advanced first aid and emergency care personnel may use oxygen and suction but not pneumatic anti-shock trousers;
  - (e) With the exception of a physician or the circumstances described in ARM

37.104.335(3), no attempt may be made by personnel to provide a level of care higher than the level and type for which the emergency medical service is licensed, even though individual members of the emergency medical services may have a higher level of certification; and

- (f) The emergency medical service is not operated in a manner which presents a risk to, threatens, or endangers the public health, safety, or welfare.

(2) With the exception of a physician or the circumstances described in ARM 37.104.335(3), an individual with a level of certification higher than the level of service license may function only to the level of the service license.

(3) An EMT-defibrillation equivalent may perform under a defibrillation protocol only if acting under the authority of a licensed EMT-defibrillation life support, EMT-intermediate life support, or advanced life support service.

(4) All ambulances must have at least one of the required personnel attending the patient, and, when providing care at an EMT-defibrillation, EMT-intermediate, or advanced life support level, the person certified at the corresponding level must attend the patient.

#### **37.104.218 MEDICAL CONTROL: GENERAL**

(1) Each emergency medical service at the EMT-defibrillation, EMT-intermediate, or advanced life support level shall have:

- (a) an off-line medical director;
- (b) a written plan, approved by the department, for on-line medical control;
- (c) protocols consistent with the level of service and approved by the department; and
- (d) written procedures for the security and replacement of all medications.

(2) Each emergency medical service must supply each hospital to which it commonly transports patients with copies of all protocols that it adopts.

#### **37.104.219 MEDICAL CONTROL: EMT-DEFIBRILLATION**

(1) An emergency medical service licensed for defibrillation must follow the defibrillation protocol.

(2) The medical director shall:

- (a) review every EMT-defibrillation run as soon as possible;
- (b) assure that the hospital medical staff(s) most often receiving patients from the emergency medical service are aware of the EMT-defibrillation service and protocols.

#### **37.104.220 MEDICAL CONTROL: EMT-INTERMEDIATE**

(1) An EMT-intermediate life support service must have either:

- (a) a two-way communications system, approved by the department, between the EMT-intermediate service personnel and a 24-hour physician-staffed emergency department; or
- (b) if two-way communications from the field cannot be established with a 24-hour

physician-staffed emergency department, on-line medical control of the EMT-intermediate service personnel through a department-approved communications system with either:

- (i) a surrogate functioning from a hospital emergency department, or
- (ii) a physician approved by the off-line medical director.

- (2) An emergency medical service licensed at an EMT-intermediate life support level must follow the defibrillation protocol whenever defibrillation services are called for.

#### **37.104.221 MEDICAL CONTROL: ADVANCED LIFE SUPPORT**

- (1) An advanced life support service must have either:
  - (a) a two-way communications system, approved by the department, between the advanced life support service personnel and a 24-hour physician-staffed emergency department; or
  - (b) if two-way communications from the field cannot be established with a 24-hour physician-staffed emergency department, medical control of the advanced life support personnel through an approved communications system with either:
    - (i) a hospital emergency department (physician only); or
    - (ii) a physician approved by the medical director.

#### **Subchapter 3**

#### **Specific Ambulance Licensure Requirements**

#### **37.104.301 AMBULANCE**

(1) No ambulance may be utilized by an emergency medical service until the department has inspected the ambulance; found it is, at the time of inspection, in compliance with these rules; and issued a permit to the emergency medical service for the ambulance. The department may issue a temporary permit, by mail or otherwise, until an inspection can be completed.

(2) The ambulance permit must be displayed either on or in the ambulance as the department directs.

(3) The department may revoke the ambulance permit at any time if the vehicle is no longer in compliance with these rules.

(4) The decision to deny or revoke an ambulance permit may be appealed to the department if the emergency medical service submits a written request for an informal reconsideration to the department within 30 days after the service receives written notice of the decision to revoke or deny the permit.

- (a) If a timely request for an informal reconsideration is received, the reconsideration will be conducted within 30 days following the receipt of the request. Such informal reconsideration shall be conducted in accordance with the procedures specified for informal reconsiderations in ARM 37.5.311, and is not subject to the contested case provisions of the Montana Administrative Procedure Act, Title 2, chapter 4, MCA or, except as provided in this rule, the provisions of ARM 37.5.304, 37.5.305, 37.5.307, 37.5.310, 37.5.311, 37.5.313, 37.5.316, 37.5.318, 37.5.322, 37.5.325, 37.5.328, 37.5.331, 37.5.334 and 37.5.337.

(5) The decision of the department after an informal reconsideration conducted pursuant to this rule is a final agency decision.

#### **37.104.305 AMBULANCE SPECIFICATIONS: GENERAL**

(1) A new ambulance, except one that was in service in Montana in a licensed ambulance service on or before January 1, 1990, must have the following:

- (a) a patient envelope, available at all times for the primary patient, above the upper torso and head and providing a minimum rectangle of space above the stretcher that is free of all projections and encumbrances, with an allowance for the curvature of the fuselage of an aircraft and the following dimensions:
  - (i) 18 inches wide;
  - (ii) 28 inches high;
  - (iii) 30 inches long;
- (b) additional contiguous space above the lower extremities which provides a minimum rectangle of space above the stretcher with the following dimensions:
  - (i) 18 inches wide;
  - (ii) 18 inches high;
  - (iii) 42 inches long;
- (c) space available for the attendant above the stretcher, free of all projections and encumbrances, with the following dimensions:
  - (i) 14 inches wide;
  - (ii) 18 inches long;
  - (iii) 28 inches above the patient cot;
- (d) attendant space available at the head or either side of the patient envelope;
- (e) a patient compartment isolated throughout the medical mission so that:
  - (i) the medically related activities do not interfere with the safe operation of the ambulance;
  - (ii) the vehicle controls and radios are physically protected from any intended or accidental interference by the secured patient; and
  - (iii) the driver or pilot's out-of-ambulance vision is protected from the reflections of cabin lighting by a blackout curtain, a permanently installed partition, or lighting in blue or red, none of which may interfere with the safe operation of the ambulance.

(2) All ambulances must be equipped with:

- (a) seat belts for the driver, attendants, and seated patients; and safety belts to secure the patient to the cot;
- (b) a mechanism of securing the cot;
- (c) interior lighting in the patient compartment sufficient to allow visual determination of the patient's condition and vital signs.

#### **37.104.306 AMBULANCE SPECIFICATIONS: GROUND AMBULANCES**

(1) By January 1, 1993, all ground ambulances must have the following markings and emblems:

- (a) The word "ambulance" must be affixed in mirror image in reflectorized lettering, centered above the grill on the front of the vehicle;
- (b) The word "ambulance" must be affixed to the rear of the vehicle in reflectorized



lettering.

(2) The required markings may not appear on non-licensed ambulances, with the exception of those ambulances temporarily in transit within the state.

(3) An ambulance must be equipped with operational emergency lighting and siren.

(4) All new ambulances, except those in service in Montana on or before January 1, 1990, must be equipped with audible backup warning devices.

#### **37.104.307 AMBULANCE SPECIFICATIONS: AIR AMBULANCE**

(1) A rotor wing air ambulance must be fitted with an FAA-approved, externally mounted, searchlight of at least 300,000 candle power, capable of being controlled by the pilot without removing his hands from the flight controls, with a minimum motion of 90 degrees vertical and 180 degrees horizontal.

(2) The stretcher for the air ambulance must be secured by an FAA-approved method and must meet FAA static test load factors as specified in 14 CFR 43.13(b).

(3) The entrance in an ambulance for patient loading must be constructed so that under normal circumstances the stretcher does not require excessive tilting or rotation around the pitch or roll axis.

(4) The department hereby adopts and incorporates by reference 14 CFR 43.13(b), containing federal standards for air ambulance stretchers. A copy of 14 CFR 43.13(b) may be obtained from the Department of Public Health and Human Services, Health Policy Services Division, Emergency Medical Services and Injury Prevention Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951; or from the Federal Aviation Administration, Helena, MT 59601, telephone: (406)449-5290.

#### **37.104.311 SAFETY: GROUND AMBULANCE SERVICES**

(1) An emergency medical service must take measures to assure that the carbon monoxide level in a ground ambulance does not exceed 10 parts per million accumulation at the head of the patient stretcher, including the following:

- (a) continuously maintaining in the patient compartment a disposable carbon monoxide detector, approved by the department, which is capable of immediately detecting a dangerous rise in the carbon monoxide level;
- (b) writing on the detector the date of its placement, and replacing the detector prior to the expiration date;
- (c) keeping replaced detectors for a period of 3 years.

(2) Windshields must be free from all cracks within the windshield wiper coverage area.

(3) Tires must have at least 4/32 inch of tread depth, measured at two points not less than 15 inches apart in any major tread groove at or near the center of the tire.

(4) No one may smoke in a ground ambulance.

### **37.104.312 SAFETY: AIR AMBULANCE**

(1) Each stretcher support must have, as a minimum, FAA-approved provisions for securing a 95th percentile adult American male patient, consisting of individual restraints across the chest and legs, and, with the exception of rotor-wing ambulances, a shoulder harness that meets FAA technical service order standards.

(2) In rotor-wing ambulances, high pressure containers and lines for medical gases may not be positioned in the scatter zone of the engine turbine wheels, unless adequate protection is provided to prevent penetration by turbine blade and wheel parts.

(3) Survival gear applicable to the needs of the area of operation and the number of occupants, must be carried on board and appropriately maintained.

(4) Any modifications to the interior of an aircraft to accommodate medical equipment must have FAA approval and be maintained to FAA standards.

(5) No one may smoke in an air ambulance.

(6) An emergency medical service must take measures to assure that the carbon monoxide level does not exceed 10 parts per million accumulation at the head of the patient stretcher or in the pilot's compartment, including the following:

- (a) continuously maintaining, in the patient compartment and in the pilot's compartment, disposable carbon monoxide detectors, approved by the department, which are capable of immediately detecting a dangerous rise in the carbon monoxide level;
- (b) writing on each of the detectors the date of its placement, and replacing it prior to the expiration date;
- (c) keeping replaced detectors for a period of 3 years after the date of their replacement.

### **37.104.316 PERSONNEL: BASIC LIFE SUPPORT GROUND AMBULANCE SERVICE**

(1) From January 1, 1990, through December 31, 1995, a basic life support ground ambulance service must ensure that at least two of the following individuals are on each call:

- (a) grandfathered advanced first aid;
- (b) first responder-ambulance;
- (c) EMT-basic equivalent; or
- (d) physician.

(2) After January 1, 1996, a basic life support ground ambulance service must ensure that at least two of the following individuals are on each call, with the proviso that having only two first responders-ambulance on a call is not allowed:

- (a) grandfathered advanced first aid;
- (b) first responder-ambulance;
- (c) EMT-basic equivalent; or
- (d) physician.

### **37.104.317 PERSONNEL: EMT-DEFIBRILLATION GROUND AMBULANCE SERVICE**

- (1) An EMT-defibrillation ground ambulance service must:
  - (a) meet the personnel requirements of a basic life support ground ambulance service contained in ARM 37.104.316; and
  - (b) when responding at the EMT-defibrillation level, ensure that one of the required personnel is an EMT-defibrillation equivalent.

#### **37.104.318 PERSONNEL: EMT-INTERMEDIATE GROUND AMBULANCE SERVICE**

- (1) An EMT-intermediate ground ambulance service must:
  - (a) meet the personnel requirements of a basic life support ground ambulance service contained in ARM 37.104.316; and
  - (b) when responding at the EMT-intermediate level, ensure that one of the required personnel is an EMT-intermediate equivalent.

#### **37.104.319 PERSONNEL: ADVANCED LIFE SUPPORT GROUND AMBULANCE SERVICE**

- (1) An advanced life support ground ambulance service must:
  - (a) meet the personnel requirements of a basic life support ground ambulance service contained in ARM 37.104.316; and
  - (b) when responding at the advanced life support level, ensure that one of the required personnel is an EMT-paramedic equivalent.

#### **37.104.325 PERSONNEL: AIR AMBULANCE, GENERAL**

(1) All air ambulance personnel who are added to the roster of the service after January 1, 1993, must be certified by their local medical director as having completed the knowledge and skill objectives of an aeromedical training program approved by the department, with the exception that a new employee may function as an air ambulance attendant for a maximum of 1 year without this aeromedical training.

(2) During inter-facility transfers by air ambulance, the service medical director may specify the level of training personnel in attendance must have in order to match the medical needs of the patient, with the proviso that (1) above must still be complied with.

#### **37.104.326 PERSONNEL: BASIC LIFE SUPPORT AIR AMBULANCE SERVICE**

(1) A basic life support air ambulance must meet the personnel requirements of a basic life support ground ambulance contained in ARM 37.104.316, with the exception that only one person is required in addition to the pilot.

#### **37.104.327 PERSONNEL: EMT-DEFIBRILLATION LIFE SUPPORT AIR AMBULANCE SERVICE**

(1) In addition to the pilot, one EMT-defibrillation equivalent is required.

#### **37.104.328 PERSONNEL: EMT-INTERMEDIATE LIFE SUPPORT AIR AMBULANCE SERVICE**

(1) In addition to the pilot, one EMT-intermediate equivalent is required.

### **37.104.329 PERSONNEL: ADVANCED LIFE SUPPORT AIR AMBULANCE SERVICE**

(1) In addition to the pilot, one EMT-paramedic equivalent is required.

### **37.104.335 OTHER REQUIREMENTS: AMBULANCE SERVICES**

(1) If an ambulance service publicly advertises a telephone number to receive calls for emergency assistance, that telephone number must be answered 24 hours a day, 7 days per week.

(2) An ambulance service may transport patients who are receiving care at a higher level than the level for which the service is licensed if:

- (a) The higher level of care is initiated by a licensed emergency medical service authorized to perform that level of care; and
- (b) The personnel and the equipment of the emergency medical services licensed at the higher level accompany the patient in the ambulance.

(3) An ambulance service may perform inter-facility (including between a physician's office and hospital) transfers at a higher level of care than the level to which the service is licensed if personnel trained and legally authorized to provide the higher level of care, as well as appropriate equipment, accompany the patient in the ambulance to assure continuity of patient care.

(4) Ambulance services may use only those vehicles which have received either a permit or a temporary permit from the department.

### **37.104.336 OTHER REQUIREMENTS: AIR AMBULANCE SERVICE**

(1) An air ambulance service must be licensed under current 14 CFR Part 135 of the FAA rules.

(2) The department hereby adopts and incorporates by reference 14 CFR Part 135, which sets forth federal licensure requirements for air ambulance services. A copy of 14 CFR Part 135 may be obtained from the Department of Health and Human Services, Health Policy Services Division, Emergency Medical Services and Injury Prevention Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951; or from the Federal Aviation Administration, Helena, MT 59601, telephone: (406)449-5290.

Subchapter 4

Specific Non-Transporting Services License Requirements

### **37.104.401 PERSONNEL: BASIC LIFE SUPPORT NON-TRANSPORTING UNIT**

(1) From January 1, 1990 on, at least one of the following individuals must be on each call:

- (a) grandfathered advanced first aid;
- (b) first responder;
- (c) EMT-basic equivalent; or
- (d) physician.

#### **37.104.402 PERSONNEL: EMT-DEFIBRILLATION LIFE SUPPORT NON-TRANSPORTING UNIT**

- (1) An EMT-defibrillation life support non-transporting unit must:
  - (a) meet the personnel requirements of a basic life support non-transporting unit contained in ARM 37.104.401; and
  - (b) when responding at the EMT-defibrillation level, ensure that at least one emergency medical technician defibrillation equivalent is on the call.

#### **37.104.403 PERSONNEL: EMT-INTERMEDIATE LIFE SUPPORT NON-TRANSPORTING UNIT**

- (1) An EMT-intermediate life support non-transporting unit must:
  - (a) meet the personnel requirements of a basic life support non-transporting unit contained in ARM 37.104.401; and
  - (b) when responding at the EMT-intermediate level, ensure that at least one EMT-intermediate equivalent is on the call.

#### **37.104.404 PERSONNEL: ADVANCED LIFE SUPPORT NON-TRANSPORTING UNIT**

- (1) An advanced life support non-transporting unit must:
  - (a) meet the personnel requirements of a basic life support non-transporting unit contained in ARM 37.104.401; and
  - (b) when responding at the advanced life support level, ensure that at least one EMT-paramedic equivalent is on the call.

#### **37.104.410 OTHER REQUIREMENTS: NON-TRANSPORTING SERVICES**

- (1) A non-transporting unit must:
  - (a) Assure that patients are not transported by a non-licensed ambulance service, unless a licensed service is not reasonably available;
  - (b) Assure either that the patient is always transported by an ambulance service licensed to provide at least the same level of patient care commenced by the non-transporting service or that the ambulance service carries the personnel and equipment of the non-transporting service with the patient to the hospital if a level of care has commenced which the ambulance service cannot legally continue;
  - (c) Have a written dispatch policy and procedure coordinated with a licensed ambulance service.